MULTIPLE DEPENDENT CLAIM SERIAL FILING DATE **CULATION SHEET** 10/518038 (FOR USE WELL FORM PTO-875) APPLICANT(S) ÷ CLAIMS AS FILED AFTER LANDIDMENT. AFTER 1 AMEROMENT AS FILED AFTER CANEDONENT IND. DEP. 1 ANDIDMENT IND. DEP. IND. DEP. IND. DEP. IND. DEP. IND. DEP. 54 55 <u>5</u> (c) W. Ö 22 <u>30</u> 32 Ø: 33 98. TOTAL IND A TOTALDE ¥ A T TOTAL DE **(** TOTAL DEP TOTAL CLUBICS U.S. DEPARTMENT of COMMERCE